|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FINANCIAL HARDSHIP APPLICATION**  **On With Life** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **PERSON SERVED INFORMATION** | | | | | | | | | | | | | | | |
| **Name:** | | | **DOB:** | | | | | | | **Social Security Number:** | | | | | |
| **Home Address:** | | | **City:** | | | | | | | | | **State:** | | | **Zip**: |
| **Home Phone:** | **Cell Phone:** | | | | | | **Email Address:** | | | | | | | | |
| **Number of Dependents in Household (including applicant):** \_\_\_\_\_ Adults \_\_\_\_\_ Children | | | | | | | | | **Date(s) of Service:** | | | | | | |
| **Name of Person Completing Form (if not person served):** | | | | | | **Relationship to Person Served:** | | | | | | | **Phone Number:** | | |
|  | | | | | | | | | | | | | | | |
| **EMPLOYMENT INFORMATION** | | | | | | | | | | | | | | | |
| **Person Served/Guarantor #1** | | | | | **Spouse/Guarantor #2** | | | | | | | | | | |
| □Employed □Unemployed □Retired □Temporarily laid off due to Public Health Emergency As Of:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employer:** (Include Name & Address) | | | | | □Employed □Unemployed □Retired □Temporarily laid off due to Public Health Emergency As Of:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employer:** (Include Name & Address) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **FINANCIAL DATA** | | | | | | | | | | | | | | | |
| **INCOME** | | **Applicant**  (per month) | | | | | | **Co-Applicant**  (per month) | | | | | | **Combined Income**  (per month) | |
| Gross Wages, before taxes | |  | | | | | |  | | | | | |  | |
| Social Security | |  | | | | | |  | | | | | |  | |
| Disability Insurance | |  | | | | | |  | | | | | |  | |
| Unemployment | |  | | | | | |  | | | | | |  | |
| Spousal/Child Support | |  | | | | | |  | | | | | |  | |
| Rental Property Net | |  | | | | | |  | | | | | |  | |
| Interest/Dividends | |  | | | | | |  | | | | | |  | |
| Self Employed Net | |  | | | | | |  | | | | | |  | |
| Pension/Retirement | |  | | | | | |  | | | | | |  | |
| Other Income | |  | | | | | |  | | | | | |  | |
| **TOTAL INCOME ALL SOURCES:** | |  | | | | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| **ASSETS** | | **Applicant** | | | | | | **Co-Applicant** | | | | | | **Combined Income** | |
| Cash on hand | |  | | | | | |  | | | | | |  | |
| Checking Account(s) balance | |  | | | | | |  | | | | | |  | |
| Savings Account(s) balance | |  | | | | | |  | | | | | |  | |
| Mutual Funds current value | |  | | | | | |  | | | | | |  | |
| Stocks/Bonds/CD’s Current Value | |  | | | | | |  | | | | | |  | |
| Primary Residence Assessed Value | |  | | | | | |  | | | | | |  | |
| Other Property Assessed Value | |  | | | | | |  | | | | | |  | |
| Auto #1 Value – make, model, yr | |  | | | | | |  | | | | | |  | |
| Auto #2 Value – make, model, yr | |  | | | | | |  | | | | | |  | |
| Recreational Vehicle(s) est. value | |  | | | | | |  | | | | | |  | |
| Cash value of life insurance | |  | | | | | |  | | | | | |  | |
| Cash value of pension | |  | | | | | |  | | | | | |  | |
| **TOTAL ASSETS ALL SOURCES** | |  | | | | | |  | | | | | |  | |
| **FINANCIAL DATA** (continued) | | | | | | | | | | | | | | | |
| **EXPENSES** | | **Applicant**  (per month) | | | | | | **Co-Applicant**  (per month) | | | | | | **Combined Expense**  (per month) | |
| Rent/Mortgage Payment | |  | | | | | |  | | | | | |  | |
| Utilities (electric/phone/gas/water) | |  | | | | | |  | | | | | |  | |
| Insurance (medical, car, home, life) | |  | | | | | |  | | | | | |  | |
| Food/Clothing | |  | | | | | |  | | | | | |  | |
| Medical Obligations (hospital, clinic) | |  | | | | | |  | | | | | |  | |
| Medications | |  | | | | | |  | | | | | |  | |
| Child Care | |  | | | | | |  | | | | | |  | |
| Child Support Payments | |  | | | | | |  | | | | | |  | |
| Credit Card Payments | |  | | | | | |  | | | | | |  | |
| Loan Payments (bank, school) | |  | | | | | |  | | | | | |  | |
| Other Expenses | |  | | | | | |  | | | | | |  | |
| **TOTAL EXPENSES ALL SOURCES** | |  | | | | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| **PERSON SERVED ACKNOWLEDGEMENT & SIGNATURE** | | | | | | | | | | | | | | | |
| I certify that the information I have provided is true and correct to the best of my knowledge. I understand that providing any false or misleading claims, statements or documents as well as any concealment of a material fact will result in immediate cancellation of any agreement previously made. I understand that I am obligated to notify On With Life of any significant change ($200 or more per month) to the information above. | | | | | | | | | | | | | | | |
| **Signature of Person Served or Legal Representative:** | | | | **Date:** | | | | | | | **Relationship to Person Served:** | | | | |

|  |  |  |
| --- | --- | --- |
| **DOCUMENTATION REQUIREMENTS** | | |
| **Appropriate documentation of financial hardship requires the following:**  **Income and Assets Documentation, including:**   * Last 3 months of check stubs or W-2 * Last 3 months bank statements, investment reports * Last 3 months disability benefit letter * Decree for child support * Tax Return   **Evidence of additional circumstances that indicate financial hardship, such as:**   * Proof of outstanding debts (copies of bills, statements; late notices, etc.) * Proof of bankruptcy settlement (if applicable) * Catastrophic situations (death or disability in family, divorce) or other documentation which demonstrates the Person Served would be unable to pay medical bills and still be able to pay for other basic necessary expenses.   **Additional items may also be requested.**  **Please describe other circumstances to support your financial hardship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ***ON WITH LIFE STAFF USE ONLY:*** | | |
| *Review Comments:* | | |
| *Financial Hardship Verified? \_\_\_\_\_ Yes \_\_\_\_\_ No*  *Yes, percent reduction of current balance due : \_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| *Reviewers Name:* | *Signature:* | *Date:* |

|  |  |
| --- | --- |
| **FINANCIAL HARDSHIP APPLICATION WORKSHEET**  **On With Life** | |
|  | |
| ***Staff Verification Use Only -- Income*** | |
| ***Applicant*** | ***Co-Applicant*** |
| *\_\_\_\_ 3 Months Check Stubs* ***OR*** *\_\_\_\_ W-2*  *\_\_\_\_ SSI/SSDI Monthly Benefit Letter*  *\_\_\_\_ 3 Months of Bank Statements*  *\_\_\_\_ Spousal/Child Support Decree*  *\_\_\_\_ Tax Return*  *\_\_\_\_ Investment Reports* | *\_\_\_\_ 3 Months Check Stubs* ***OR*** *\_\_\_\_ W-2*  *\_\_\_\_ SSI/SSDI Monthly Benefit Letter*  *\_\_\_\_ 3 Months of Bank Statements*  *\_\_\_\_ Spousal/Child Support Decree*  *\_\_\_\_ Tax Return*  *\_\_\_\_ Investment Reports* |
| ***Staff Verification Use Only -- Expenses*** | |
| *\_\_\_\_ Proof of outstanding debts (bills/late notices)*  *\_\_\_\_ Proof of bankruptcy settlement (if applicable)*  *\_\_\_\_ Catastrophic situation or other documentation \_ shows Person Served is unable to pay.* | *\_\_\_\_ Proof of outstanding debts  (bills/late notices)*  *\_\_\_\_ Proof of bankruptcy settlement  (if applicable)*  *\_\_\_\_ Catastrophic situation or other   documentation showing inability to pay.* |
|  | |
| Eligibility is based on federal poverty guidelines for annual income, based on family size:  **2021 Federal Poverty Guidelines *(Source: U.S. Dept. of Health and Human Services)***   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Persons in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | Poverty Guideline (annual) | $12,880.00 | $17,420.00 | $21,960.00 | $26,500.00 | $31,040.00 | $35,580.00 | $40,120.00 | $44,660.00 | | Poverty Guideline (monthly) | $1,073.00 | $1,452.00 | $1,830.00 | $2,208.00 | $2,587.00 | $2,965.00 | $3,343.00 | $3,722.00 |   The amount of discount will range from 0% to 100% of the amount due on the account, based on a sliding scale determined by their annual income as it relates to the federal poverty guidelines:   |  |  | | --- | --- | | **Poverty Level** | **Discount Applied** | | At or below 150% | 100% | | 151-165% | 90% | | 166-180% | 80% | | 181-195% | 70% | | 196-210% | 60% | | 211-225% | 50% | | 226-240% | 40% | | 241-255% | 30% | | 256-270% | 20% | | 271-285% | 10% | | 286-400%+ | 0% | | |
|  | |
| ***Results of Initial Application (OFFICE USE ONLY)*** | |
| ***Application Received Date:*** | **Service Dates Effective For:** |
| *\_\_\_\_ Approved*  *\_\_\_\_% discount approved* | *\_\_\_\_ Denied:*  *Reason:*  *\_\_\_\_ Missing POA \_\_\_\_ Income too high*  *\_\_\_\_ Incomplete form \_\_\_\_ Verifications*  *\_\_\_\_ Other: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Approved/Denied by: \_\_\_\_ CFO \_\_\_\_ Administrator \_\_\_\_ CEO \_\_\_\_ Other:*  *Signature: Date:* | |

**Please submit all completed forms and documents to:**

On With Life  
Attn: Finance Review Dept.  
715 SW Ankeny Rd  
Ankeny IA 50023